

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES,
NO. 142.

PHILADELPHIA, JULY 9, 1859.

{ NEW SERIES,
VOL. II. NO. 15.

Original Communications.

Teno-Suture—with Cases.

By A. G. WALTER, M. D.,
Of Pittsburgh, Pa.

The uniting of tendons, which have been accidentally severed, by suture, though generally admitted to be indispensable for the recovery of the injured member, is, however, not as easy of execution as may be supposed. The distal extremities, for instance, of the divided extensor tendons of the fingers will retract into their sheaths, often to a considerable extent, indicated by a circumscribed swelling above the original wound, and requiring free incision of the integuments in the line of their axes over both extremities, as well as of the sheath surrounding them, which being found distended with effused blood, obscures the field of operation, and makes the securing of their extremities at times a very tedious procedure. This, however, being successfully accomplished, the next step—the uniting of the cut surfaces of the tendon in its longitudinal axis—is often greatly interfered with by the spasmodic involuntary contraction of the respective muscles, during which the suture, passed through the tendon above the distal extremity, will tear out, separating its fibres, and necessitating the renewal of the ligature. The common *sutura nodosa*, when passed through the lips of the tendon, not being sufficient, therefore, to secure the proper and continued approximation of the cut surfaces, the tendinous fibres easily becoming separated by traction, it requires another ligature in addition to the former, in the shape of an *ansa*, applied some distance above the distal ex-

tremity, and embracing firmly either the whole or some bundles of the tendinous fibres, in a transverse direction to its axis, which being brought out of the wound and stretched over a thick compress, laid across and below the lower lip of the external wound, is fastened around one or two fingers. Thus, by the dragging downward, the upper extremity of the tendon is firmly secured in position, the divided surfaces being retained in close approximation by the *sutura nodosa*. Spasmodic action of the muscular portion of the injured tendon may not, however, be prevented, but will be at least ineffectual in separating the approximated tendinous lips. The ends of the first suture being left hanging out of the wound, the cutaneous lips are then closed by suture and the hand, which had been kept extended backwards, is secured upon a strong tin or sheet iron splint, applied along the volar aspect of the fore-arm, and reaching past the point of the fingers, by several turns of a bandage. The splint being bent to an angle of 45 degrees, secures that complete relaxation of the extensor tendons and muscles without which adhesion would be prevented. The silver suture, lately so much extolled, where union by first intention is desired, in these cases, too, deserves the preference to the silken one, being less irritating to the ligated tissues. Immediate union of the divided tendinous surfaces will thus be effected, by adhesive inflammation along with that of the external wound. Both ligatures, the *nodosa* and *ansa*, having cut through in due course of time, a few weeks at furthest, will then be removed, the *ansa* having divided the distal extremity completely across by absorption without endangering the continuity of the tendon. This process of reparation will at times be

effected by a moderate degree of inflammation of the implicated tissues, but generally phlogosis to a greater degree sets in in the synovial membrane of the tendon, and the cellular tissue surrounding it, spreading rapidly upward along the limb, and giving rise to suppuration in different parts of the tendinous and muscular sheath, which requires free local depletion and incision to evacuate the serous and purulent occidions when established. The matter is generally confined in spots, though the whole tendinous and muscular theca be inflamed ultimately, however suppuration subsides under the use of emollient poultices, the union of the divided tendons having become consolidated.

Stiffness of the fingers remaining for some time, must necessarily follow the reparatory process of nature; for through the inflammatory process set up, and its consequences—skin, cellular tissue, sheath of tendon, and tendon itself, about the seat of injury, become cemented together into one solid mass, and to the subjacent bone, by plastic exudation, to be liberated again after some time, by the process of absorption, eventually restoring the fingers to their proper mobility and function. Though weeks and months may elapse before this end be attained, nature's wisdom in providing an exuberance of cementing material for all the tissues implicated, cannot be questioned, as without it the union would not be firm, and reseparation of the cut surfaces of the tendon may follow. If the lips of the cutaneous wound of the theca and tendon were glued together separately by plastic lymph, it certainly would require a longer time for the proper consolidation of the tendinous scar and the eventual recovery of the member.

The narrative of the following cases will confirm the success of the practice:

Wm. Riley, 21 years of age, of West Pittsburgh, sheet iron roller, was on January 12th, 1858, struck on the back of the left hand, while at work, with a heated sharp piece of iron, inflicting a wound across the back of the hand $1\frac{1}{2}$ inches in extent, with division of the tendons of the *extensor communis digit. longus*

of the second, third and fourth fingers. Being called in several hours after, the hand was found swollen, the injured fingers dropping with the superior extremities of the tendons, retracted under the skin to the extent of more than an inch. A circumscribed ovular swelling upon the upper part of the back of the hand denoted the situation of the retracted tendons. A free incision was then made over the swelling, crossing the original wound, the flaps of skin were reflected back by dissection, and the coagulated blood removed. The theca tendinia was now opened, the upper ends of the tendons were pulled out, and each united by a fine needle and silver wire to the lower extremity; hand and forearm were then laid upon a bent splint, the former being thrown backward in order to effect relaxation of the divided structures, and facilitating the undisturbed approximation of the cut tendons. The cutaneous wound being closed by suture, a roller secured the whole in position and quietness. No spasmodic contraction of the muscular body of the tendons followed. Cold water dressings were applied to the dorsum of the hand and forearm, and assiduously continued, yet on the next day great pain and swelling of the hand took place, extending to the forearm, with fever, which was relieved by repeated application of leeches and linseed poultices to the hand, Goulard's solution to the forearm, with general antiphlogistics. The ligature of the tendons came away in two weeks, the wound being closed in three. The hand was gradually allowed to assume its natural position, the splint being removed, and some months after, the stiffness of the fingers having yielded, the patient was able to resume work again, having perfect control of his fingers. Immediate tendinous union in this case was not prevented, though the cut was inflicted by a hot iron, having burned the lips of the wound at the same time.

Calvin Springer, a glassblower by trade, of West Pittsburgh, received June 12, 1858, a cut one inch long across the dorsum of the point between the 1st and 2d phalanx of the left thumb by a piece of glass. The *extensor tendon* of the finger was cut across, the joint

being opened. The upper extremity of the tendon having retracted, a longitudinal incision was made over the joint crossing the wound, the theca was opened and the retracted tendon secured and united to its lower extremity with a fine needle and silver suture, the finger being kept extended and secured in this position by a splint. Only moderate reaction followed this complicated injury, suppuration being slight. Some fungous granulations growing from the articular surfaces, which were removed by cauterization and pressure. Closure of the wound was effected in five weeks. Extension and flexion being perfect, and the integrity of the joint being restored, the patient had recovered the complete and free use of his finger.

James Estep, glassblower, September 16, 1858, in falling off a bench at which he was at work, held on to a sharp iron which cut across the volar face of the articulation between the 1st phalanx and the os metacarp. of the 1st and 2d fingers of the right hand, severing the respective flexor tendons, flexion of the injured fingers was lost. A longitudinal incision was made, crossing the wound in the vola of the hand, the flaps reflected, and the theca tendinea opened. On account of the deep situation of the tendons in this locality, the securing of their cut extremities was effected not without a great deal of difficulty. They were then stitched by the suture nodosa, the fingers and wrist kept flexed by bandaging. A good deal of inflammation of the hand followed, requiring free leeching and poulticing. After some weeks, recovery took place with free use of the fingers.

Michael Baroo, 21 years old, sheet iron furnace tender, was cut on April 9th, 1859, upon the back of right hand by a piece of sheet iron, which made a flap wound of upwards of 2 inches in extent, severing the extensor tendons of 1st and 2d fingers completely across in the upper third of the hand. The fingers having dropped could not be extended by voluntary exertion of the patient. The cutaneous wound had been closed by sutures by a physician, his hand being secured upon a straight volar splint. The patient not being

satisfied with the mere closure of the wound, without the previous uniting of the divided tendons, some ten hours after the accident requested my assistance. On removing the dressings a globular swelling was discovered more than an inch above the wound, denoting the situation of the distal extremities of the retracted tendons. The stitches of the lips of the wound were removed, a free incision was made across the original wound reaching beyond the swelling, the flaps were dissected backwards, the theca tendinea surrounded by coagulated blood was opened, and the cut surfaces of the tendons secured. Such however was the irritability of the muscle of the extensor tendons, that the suture was torn out by the strong and repeated involuntary contractions. Finding thus our efforts foiled in securing apposition of the tendinous lips, recourse was had to an ansa one-quarter of an inch from the distal end of the tendon, a needle was passed through, encircling some bundles of fibres of the tendon in its middle, which were firmly enclosed by a silver suture. By means of this ligature, the tendon was brought down, when its cut surfaces were re-united by a silver suture. Spasmodic action again took place, but was powerless in separating the lips of the cut tendons. The ends of the ansa were brought out of the wound and stretched over a thick compress applied below the lower lip of the wound, and secured around two fingers. The forearm was bandaged from above down to the wrist in order to set the muscles at rest; and to relax them, both forearm and hand were laid with their vola upon a splint having an angle of about 45 degrees. The cutaneous wound having been closed, a flaxseed meal poultice was applied to the back of the hand. The whole was secured by a roller, an opiate was administered and continued for some days. Some inflammation of the hand with erysipelatous redness, pain and swelling of forearm followed, which was relieved by relays of leeches and emollient fomentations. Suppuration of the wound was moderate, but abscesses formed at different points and times in the course of the sheath of the tendon of the forearm with fever and chills, which had

to be opened, discharging a glairy liquid, not unlike the white of an egg, intermixed with pus; the product of the phlogosis of the theca. Recovery however gradually took place, the wound being closed in 5 weeks, the ligature and sutures having been removed in three. The straight splint was substituted for the rectangular one, which, too, after a short time was removed, when by bathing and the application of soap plaster to the dorsum of the hand, the stiffness of the fingers gradually disappeared. Absorption of the plastic deposit around the wound having taken place, the restoration of the fingers was completed.

A TRIBUTE

TO THE MEMORY OF THE LATE BENJAMIN KUGLER, M. D.

By E. DONNELLY, M. D.

When a citizen dies, the calamity becomes a great public or private loss, according to the position, character, or individual merits of the deceased. The loss of a man who has filled an important public position creditably, or who has been the instrument of promoting the happiness of a whole community, is felt by all, and we mourn that such a man should be taken from us, but there is hope that a successor will be found capable of filling the vacancy with honor. Not so however with the relatives and friends of the one thus removed; with them there is no hope; no one will ever be found to fill the vacancy in the family circle, and promote the happiness of the select community of which he was the recognized head.

The majority of the public of the present day cannot remember the subject of this notice in connection with any popular or professional movement, as he retired more than twenty years ago from professional or other business, to devote his time to his family, religious and charitable duties; but in former times his intelligence and learning added its influence to that of others interested in the advancement of the State and City. He was the first, I believe, who constructed in the United States an apparatus for making "resin gas," and which was successfully put in operation

to light Peale's Museum when that valuable collection of curiosities existed in the State House. Some of our first railroads were also pushed forward by his energy and capital.

Dr. Kugler was a graduate of the University of Pennsylvania in 1810, at the time of the permanent organization of that institution, when but eight Pennsylvanians, out of a class of over 400, were honored with a diploma. His love for medical science continued during his life, and the late Dr. Janney used to say, that few men understood anatomy and physiology so well as Dr. Kugler. Drs. Kugler and Janney had been constant friends for half a century, and the evening before the death of the former, Dr. Janney, as he pressed the hand of his old friend at parting, could not restrain his feelings, and the tears trickled down his venerable cheeks, little thinking then that he would precede him to the eternal world.¹

In domestic life it is our duty to lift enough of the veil to disclose his love and affection to those connected with him by the ties of consanguinity or of friendship. He never wearied in acts of kindness to his family, whose wants he anticipated and supplied with the utmost liberality, and whose pleasures he planned to the gratification of all, and joy to himself in producing so much happiness in others. The same kindness and the same liberality were extended to all who enjoyed his hospitality, as the writer of this brief tribute to friendship has frequently experienced. The numerous poor on whom the heavy blows of misfortune were made to fall lightly in consequence of his charity, will feel his loss. He never failed them in the hour of adversity; they were received with kindness and went away bearing the gift of charity.

During his tedious hours of suffering he acted like a sincere christian, and like a christian he died. What joys await such a soul, and what happiness his bereaved widow should feel in having been in conjugal union with such a christian. Living as *one* in all their desires, pleasures and feelings, during their long union,

¹ Dr. Janney died eight hours before Dr. Kugler, and the immediate cause of death in both cases was the same—Paralysis.

it was a severe trial to part, but as the last pressure of the hand, the last look of affection was given by the dying believer to his wife, the impression was conveyed to the mind and indelibly fixed in the soul, that beyond the narrow confines of the tomb they would meet again in a better world, never to part.

He died on the 8th of June.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Levick.

JULY 2d.

The size of the class in attendance at the Hospital permitting, the members accompanied Dr. Levick through the medical wards, in which the students had an opportunity of examining several cases of pulmonary affections, and of typhoid fever.

Some interesting pathological specimens were afterwards exhibited in the amphitheatre, a description of which we give below, together with the remarks of Dr. L.

Pathological Specimens. Miliary Tubercles of Lungs.—2 Cases.—Since the last clinical day, two patients have died of phthisis. They have been instructive cases; affording an illustration of the occasional difficulty of diagnosing phthisis by physical signs alone.

In the first case the patient had informed us that his cough commenced six weeks ago. He had been much exposed to dust while beating carpets; had been of intemperate habits, but lately reformed. He had the appearance of a man threatened with mania-a-potu; some slight apprehensions of evil, but not decided fear. We thought it necessary to return to the usual stimulants, and gave him, besides, one-fourth grain of opium every 2 or 3 hours.

Here I would caution you from being diverted from the examination of the chest by delirium, particularly with children who are sometimes treated for hydrocephalus when the cerebral affection is only sympathetic.

He assured me that he had no pain. A striking feature was the occasional occurrence of a peculiar blueness of the face; not the simple dusky hue of pneumonia, but almost a bright blue. It showed imperfect aëration of the blood, and left no doubt that there was some pulmonary disorder.

There was, on percussion, slight dullness on the left side, but not sufficient to constitute evidence of disease, and elsewhere the chest was uniformly re-

sonant. Loose subcrepitant rales were heard through the lower portion of the left lung; this in connection with the other signs left no doubt that he had bronchitis either primary or secondary.

The physical signs were not those characteristic of pneumonia, although in the low form of pneumonia in which splenization of the lungs exists, the rales are coarse like those of bronchitis. No evidence could be obtained from the sputa, which he swallowed. The delirium continued, and he died, day before yesterday.

The lungs afford a striking illustration of miliary tubercles; they exist in thousands, occupying the whole substance of the organ. I may here state that a tuberculous inflammation existed in the brain. The lungs have not collapsed; they float on water, showing permeability to air; and even now on percussion we elicit a perfectly clear sound. I think that hereafter this peculiar appearance of the face will have its effect with me in forming a diagnosis.

Case 2d.—Sick since Christmas; recently of correct habits; had hoarseness, cough, emaciation and diarrhoea. Judging from the rational signs, it was without doubt a case of tuberculous disease. By auscultation and percussion nothing indicative of tuberculous disease could be elicited; on the contrary, there was remarkable clearness of the chest, and the respiration was natural, or nearly so. Percussion is even now perfectly clear. The tubercles are much more aggregated than in the other case, but in neither case have they advanced to the stage of softening, and the deep seated portion of the lung is the most affected; while the exterior is studded with emphysematous bullæ, as it were. It floats upon water, but this is owing, no doubt, to the emphysematous exterior.

How can we account for the clearness on percussion? We must bear in mind, first, the emaciation of the walls of the chest, but the real cause, I have no doubt, is the emphysema of the external portion. Perhaps very strong percussion might have developed the condition underneath; but with ordinary percussion the condition of one portion antagonized the other.

Emphysema is not of uncommon occurrence. It is found in asthma, and its existence may lead to a mistake in diagnosis. Suppose one lung healthy and the other emphysematous. In one there is preternatural clearness, and the sound one is taken for the diseased, because duller on percussion.

The existence of such extensive disease with so little evidence afforded by the usual physical signs during life, might be adduced as showing the worthlessness or imperfectness of the knowledge obtained by physical exploration. In this case it revealed nothing; but such instances are rare exceptions. Those of you who accompany me in the wards have

had opportunity to see the usefulness of physical exploration in determining or confirming a diagnosis, the correctness of which, in fatal cases, post-mortem examination has revealed.

The heart here exhibits fatty degeneration; not a mere deposit of fat, but a conversion of the muscular substance into fat, impairing its contractile power. His sudden death may be explained in this way: he was found dead in his bed by the watchman on his round.

The larynx is extensively diseased. It is covered with ulcers, and the epiglottis is entirely eaten away. Tuberculous ulcers exist in the bowels.

Service of Dr. Neill.

(Continuation of May 25th.)

Sudden Venous Swelling in the Groin.—This patient was just brought to the hospital. The accident occurred two hours ago. He was caught and jammed between a fire engine and a heavy wagon. His groin immediately commenced swelling; he walked a few steps and then fainted. His prostration is extreme, his pulse very feeble, and his countenance exsanguinous.

There is a large prominence occupying the groin of the left side, soft, fluctuating, uniform, and of a dark, venous color, rising to the height of six inches, and extending from the ant. sup. spi. process, midway to the umbilicus, and six inches below Poupart's ligament, involving the scrotum and skin of the penis. The temperature of the limb is good, and pulsation can be detected in the tibials, which shows that it is not a rupture of the femoral artery.

From the position, size, and instantaneous formation of this tumor, we judge that it may be rupture of the saphena, pudic or spermatic vein, more probably the femoral itself.

We hope the effusion will be absorbed; this will be the object of the treatment. Cloths wet with cold water will be applied, stimulants given, and mustard applied to the abdomen, to enable him to recover from the shock.

Fracture of the Leg.—The object in showing this case to-day, is because there is an indication to be fulfilled which was not pointed out before in other cases exhibiting fracture of the leg. It is rarely the case that a fracture of the leg is attended with so much shortening as to require extension and counter-extension. Occasionally such a demand exists, as when the fracture involves both bones near the ankle, and is very oblique. There is here $\frac{3}{4}$ of an inch shortening, which it is best to obviate, if possible.

In the leg we were a little at a loss how to produce effectual extension. Two or three methods had been adopted. One was, to use the long splint of Desault, as in fracture of the thigh. An apparatus devised

by Hutchinson was another, in which two short splints were secured by tapes around the knee, and extension applied to the foot by a gaiter or handkerchief. There were difficulties with this, the tapes chafed, and the handkerchief was inconvenient also.

The patient has on an apparatus devised by Dr. Neill, an account of which he published some years ago, which has accomplished its object satisfactorily in several instances, and fulfill the indications very well in this case. It consists of a long fracture box, the sides of which are sawed in two. Extension is made by a loop of adhesive plaster, just as in treatment of fracture of the thigh, fastened to the foot-board of the fracture box. The counter extension is effected by securing broad strips of adhesive plaster to some distance below the knee, and fastening them to the upper extremities of the sides of the box.

There is some difficulty in securing the extension when the fracture is pretty low. Owing to this difficulty of extension from the foot, Dr. N. showed another apparatus which might be of use in fracture near the ankle. It is a modification of Hutchinson's splints. These splints are a foot to 18 inches longer than the original. The counter extension is made by broad bands of adhesive plaster, which are made to adhere to the leg below the knee, and to the upper extremities of the splints.

The extension is accomplished by securing the foot to a wooden sole by numerous strips of plaster successively applied. This foot-board has the extending band attached to it, and is then secured to the bar passing through the lower extremities of the splints. This band can be tightened by twisting, as has been already applied by Dr. N. in fracture of the thigh.

No excoriation of the foot occurs, and the splints may be opened out by withdrawing the bar, being hinged, as it were at their upper end.

Fractures of the Arm—Fracture of the Forearm—Case 1st.—This case I made the basis of some remarks on splints. It has progressed favorably. No roller was applied, and the interosseous space is well preserved. A long palmar and short dorsal splint have been used.

Case 2d.—Of recent occurrence; presents swelling about the elbow. If practicable, will determine the nature of the fracture now, if not, will wait until the swelling subsides. Rotation is readily performed. I will say there is not fracture of the radius. I run my finger firmly down the ulna, and flex the forearm. The probability of the forearm being injured is thrown out, and this reduces the chance of injury to the lower end of the humerus.

There is fracture of the external condyle. An *internal angular splint* will be used.

Case 3d.—Fracture of Ulna near Olecranon Process.—This bone is generally fractured in its lower third, where it is smaller. There is probably partial displacement of the head of the radius. An *anterior splint* reaching to the palm, and a *short dorsal splint*, will be used.

Case 4th.—Fracture of Internal Condyle.—Fractures of the condyle are always to be treated by *angular splints*, and generally a *lateral angular splint* applied on the inside is sufficient; but sometimes it is the case in fractures of the internal condyle, that the fragment has a tendency to pass forward in front of the joint.

It is in these cases that an *anterior angular splint* is better adapted to retain the fragment in its proper position, and it was applied in this instance.

Tumors on the Chest.—This patient presents two tumors on his chest. One on the left side, near the sternum, on the cartilages of the ribs, elevated an inch and a half, red, accumulated and fluctuating. It has a hardened base. Also, on the other side, there is a tumor not so soft nor pointed. I suspect them to be cysts; they might be a dozen other things. When these cysts become puriform they are troublesome to manage; and when allowed to open spontaneously, sinuses and fistulous orifices exist constituting an exceedingly obstinate affection.

The more inflamed tumor was opened by a guarded incision, of an exploratory kind, which being enlarged, a curdy, sebaceous substance was discharged. The walls of the cyst were broken up by the finger, and the wound closed, a piece of lint being introduced into the centre.

MAY 28TH.

Reparation of Burns.—*Case 1st.*—The first cases which I will present show the result of treatment, and the reparative power of nature. I doubt if you would recognize this patient whom you saw three weeks ago, with his face enormously swollen, and covered, together with his hands and portions of his scalp, with vesications and superficial sloughs. His voice was almost entirely suppressed when admitted into the Hospital.

The inhalation of flame and the husky intonation of the voice made us fear an oedematous condition of the larynx, always regarded as a dangerous symptom. An abscess formed subsequently beneath his chin.

The true skin was here involved to a very trifling degree, and the only applications have been mucilages and poultices. Part of it has healed by a useful form of reparation—scabbing or drying of the cuticle.

Case 2d.—Burned by camphene. When first seen there was upon the back a large brown, charred surface, involving half the depth of the true skin: this has sloughed away, and there now remains a beautiful example of reparation by granulation. You will observe whitish lymph spots in the centre becoming cuticle. As a general rule this commences at the periphery; but you will see occasional manifestation of this process apart from contiguity with the neighboring skin.

There seems to be a determinate power in the reparation of special tissues, independent of any force exerted from the germs of the sound periphery.

It may be necessary to stimulate cicatrization here, toward the end of the process, by astringent solutions.

Result of Operation for Staphyloma, caused by a Burn.—In this patient there was a staphylomatous condition of the cornea. There had been destruction of the cornea, leaving a painful bulging cicatrix, with which the iris coalesced. I removed a flap from the cornea in which the iris was entangled, several days ago.

The cornea has contracted: the size of the globe is not much diminished and the pain is removed.

Venous Tumor.—This patient is in a very different condition now. You saw him four days ago when a large bloody tumor suddenly formed by effusion from the femoral, saphena, or spermatic vein. The shock was severe. He was pallid, and had a quick, fluttering pulse, of little volume and force. There was pulsation in the tibial artery. The suddenness of the effusion was so great, as in his own idea, to assist in the recoil of the wheel against which he struck. Its very rapid absorption is a good point: even on the next day it had greatly diminished. We endeavored to produce absorption by cold applications. No matter how great the effusion, there is a chance for its absorption. If the tumor had remained and nature had tried to slough it out, the treatment would be very different.

When reaction took place nausea set in, and some chilliness. The cold cloths were removed, and lint wet with lead water and laudanum was applied, covered with oil silk. His diet was stimulating and nourishing.

Gleet and Orchitis.—Upon making a superficial examination of this man's person you notice several large cicatrices in the groin—the result of bubo and former syphilitic disease.

There is a swelling of the testicle upon the right side; and you also see several scars upon the prepuce, and upon the right side of the corona glandis an opening, which the introduction of a probe

proves to be a fistulous track connecting with the urethra.

This man was in the house six months ago with chancre; and at that time a bougie could be passed from the urethra through the sinus. Since his discharge from the house he has had an attack of gonorrhoea; the running takes place from both orifices.

Dr. N. then dwelt upon the subject of gonorrhoeal enlargement of the testicles. His views upon this subject have already been given in a previous number of the REPORTER.

The treatment for acute gonorrhoea, which he had pursued for several years, and always with success, consists in the free administration of *saline diuretics*.

The following was prescribed—

R. Potas. bitart., $\bar{\text{z}}$ iv.

Potas. nitrat., $\bar{\text{z}}$ ss.

Antim. et potas. tart., gr. j. M.

Dose. A teaspoonful three times a day.

Operation for Fatty Tumor.—A fatty tumor was removed from the anterior edge of the scapular region of a hysterical female. A vertical incision five inches in length was made in the skin, and the tumor removed by a few strokes of the knife; the edges were closed by the silver suture, assisted by adhesive strips. Ether was not administered on account of disease of the chest, from which the patient had suffered two years before.

Medical Societies.

PROCEEDINGS OF THE TWELFTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Society convened at the Hall of the University, in Philadelphia, at 11 A. M. on Wednesday, June 8th, 1859, Dr. Smith Cunningham, of Beaver, President, in the chair. By request, Rev. Dr. Stevens opened the session with prayer.

Dr. W. JEWELL, of Philadelphia, on behalf of the Philadelphia County Medical Society, welcomed the delegates to the City of Philadelphia, and its hospitalities. He said they had left their social pleasures, their studies, their rounds of duty, to renew at the Mecca of Medicine, and almost in sight of their *Alma Mater*, their devotion to the principles of their time-honored profession. By the maintenance of these systematic organizations among the members of the profession, the best interests of their noble calling were protected and preserved. Thus, and thus only, could they defeat the stratagems of the charlatan, &c. In conclusion, he again

cordially welcomed them, and sincerely hoped that the kindness and good feeling that had marked the former meetings of this society would continue in full force.

The President announced to the Society, that Dr. Henry Hartsborne, one of the Recording Secretaries, was absent in Europe, and therefore it devolved upon the Society to fill the vacancy.

On motion of Dr. H. Carpenter, of Lancaster, Dr. John P. Edge, of Chester Co., was elected for the unexpired term.

On motion, the President appointed Drs. Schrack, of Montgomery, Brown, of Perry, and J. T. Carpenter, of Schuylkill, as a committee to examine and report upon the credentials of delegates.

On motion of Dr. Jewell, the committee was increased to seven members, and Drs. N. S. Marshall, of Chester, H. Carpenter, of Lancaster, C. T. Reber, of Berks, and C. T. Bliss, of Bradford, were added.

Dr. Jewell, Chairman of the Committee of Arrangements, announced to the Society that invitations to visit the following scientific and charitable institutions had been received by him, viz: the Pennsylvania Institution for the Instruction of the Blind, Pennsylvania Institution for the Deaf and Dumb, Pennsylvania Academy of Fine Arts, Academy of Natural Sciences, Wistar & Horner Museum, Museum of the Jefferson Medical College, Museum of the Pennsylvania Medical College, Pennsylvania Hospital for the Insane, Blockley Hospital, etc., etc.

On motion, these were accepted, and thanks returned to the authorities of said institutions.

The Committee on Credentials reported the following as a list of delegates appointed by the different County Medical Societies:

Beaver County.—*Dr. S. Cunningham.

Berks County.—*Drs. P. G. Bertolet, *M. Luther, *C. T. Reber, P. Wiley; *A. A. McDonough, and *E. Wallace.

Blair County.—*C. Irvin.

Bradford County.—*Drs. C. T. Bliss, *E. P. Allen, *G. F. Horton, and E. H. Mason.

Carbon County.—*Drs. Benj. Rush McConnel, and *H. B. Beuhler.

Chester County.—*Drs. Wilmer Worthington, *W. D. Hartman, *N. S. Marshall, *E. Maris, *J. R. Everhart, *J. P. Edge, and *A. K. Gaston.

Indiana County.—*Drs. Wm. Anderson, and *T. Mabon.

Lancaster County.—*Drs. P. Cassidy, *John L. Atlee, Sr., *F. Hinkle, *S. Parker, *J. Aug. Ehler, *W. H. Boone, *J. B. Stubbs, *S. R. Sample, J. Ream, and G. J. Hoover.

Lebanon County.—*Drs. B. F. Schneck, *W. M. Guilford, *H. A. Fahnestock, and *P. M. Schweinhart.

Mercer County.—*Dr. S. S. Mehard.

Montgomery County.—*Drs. C. Shoemaker, *C. H. Hill, *J. Schrack, and *L. W. Read.

Northampton County.—*Dr. J. R. Ludlow.

Perry County.—*Drs. R. S. Brown, *J. Lefevre, and *J. E. Singer.

Philadelphia County.—*Drs Wm. B. Atkinson, *W. L. Atlee, *John Bell, *A. C. Bournonville, *A. Cheeseman, *D. D. Clark, *D. Francis Condie, *Levi Curtis, *Benj. H. Coates, *H. E. Drayton, *Thos. M. Drysdale, G. Emerson, *A. H. Fish, *A. Fricke, *W. Gallaher, *Wm. H. Gobrecht, *Samuel D. Gross, *N. L. Hatfield, *A. Helffenstein, *Wilson Jewell, *Alfred L. Kennedy, *W. L. Knight, *John F. Lamb, S. Littell, *Wm. Mayburry, *J. Aitken Meigs, *A. Nebinger, *Owen Osler, *W. B. Page, J. E. Rhoads, *Isaac Remington, *L. Rodman, *Preston W. Russell, *J. H. Smaltz, *H. H. Smith, A. Stillé, *A. Owen Stillé, *W. D. Stroud, *Robert P. Thomas, G. B. Wood, and *J. H. Worthington.

Schuylkill County.—*Drs. J. T. Carpenter, B. F. Shannon, and *A. A. Halberstadt.

Susquehanna Union, (Columbia and Montour).—*Dr. F. C. Harrison.

Susquehanna County.—*Dr. W. L. Richardson.

York County.—*Drs. G. L. Shearer, and *T. L. Cathcart.

Ex-officio Delegates

*Dr. Henry Carpenter, of Lancaster County, Vice President.

*Dr. W. H. Gunkle, of Chester County, Vice President.

*Dr. W. Corson, of Montgomery County, Vice President.

*Dr. Joseph Carson, of Philadelphia County, Corresponding Secretary.

*Dr. John K. Raub, of Lancaster County, Recording Secretary.

The report was accepted.

On motion of Dr. J. L. Atlee, Sr., all regular physicians present, from counties not represented, or in which no organization existed, were invited to seats as members, after having reported themselves to the Committee on Credentials.

On motion of Dr. Carpenter, of Lancaster, the calling of the roll was deferred till afternoon.

The President then delivered the annual address. Its subject was Utero-Gestation, the variations in its length, being fully illustrated by remarkable cases, etc.

On motion of Dr. Worthington, of Chester, the thanks of the Society were tendered to the President for his address, and a copy requested for insertion in the Transactions.

On motion of Dr. D. F. Condie, the reading of the Journal of the last annual session was dispensed with.

Dr. Jewell, on behalf of the Committee of Arrangements presented and explained the programme for the holding of the sessions, and entertainment of the delegates from other portions of the State.

WEDNESDAY.

Morning.—Convene at 11 A. M., and continue in session until 1 P. M.

Afternoon.—Convene at 4 P. M., and continue in session until 6 P. M.

* Those marked with an asterisk were present.

In the evening, an entertainment will be given at 8½ o'clock, by Dr. H. E. Drayton.

THURSDAY.

Morning.—Convene at 9½, and adjourn at 2 P. M. Afternoon.—Visit at 3 the Blind Asylum, where a special entertainment will be given.

Convene at 5 o'clock, and adjourn at 7.

In the evening, an entertainment at 8½ o'clock, by Dr. S. D. Gross.

FRIDAY.

The delegates are to meet at Vine street wharf at 7½ A. M. to go to Atlantic City, where they will be entertained by the Philadelphia delegation.

In the intervals, the delegates were expected to visit, at pleasure, the Academy of Fine Arts, Academy of Natural Sciences, the Museums of the University, Jefferson, and Pennsylvania Medical Colleges, the Insane Asylum, the Hospitals, and the Asylum for the Deaf and Dumb.

On motion, the order of arrangements, as read, was agreed to.

DR. NEBINGER, of Philadelphia, moved that a nominating committee, to select officers for the ensuing year, be appointed, said committee to consist of one from each county represented, the members to be named by the respective delegations. Which was adopted.

On motion of Dr. MAYBERRY, of Philadelphia, a committee of three was appointed to examine the minutes of last session, and report all items of unfinished or deferred business. The President appointed Drs. Mayberry, Cassidy of Lancaster, and Hunter of Bradford.

The Society then adjourned till 4 P. M.

AFTERNOON SESSION.

DR. CARPENTER, Vice President, in the chair.

The roll was called, and the minutes of the morning session were read and approved.

The committee on nominations, selected by the respective delegations, consisted of the following members:

Drs. S. Cunningham, Beaver co.; C. T. Reber, Berks; E. P. Allen, Bradford; B. R. McConnel, Carbon; W. Worthington, Chester; T. Mabon, Indiana; S. Parker, Lancaster; H. A. Fahnestock, Lebanon; S. S. Mehard, Mercer; C. H. Hill, Montgomery; J. R. Ludlow, Northampton; J. E. Singer, Perry; A. Nebinger, Philadelphia; J. T. Carpenter, Schuylkill; F. C. Harrison, Susquehanna Union Medical Society; W. L. Richardson, Susquehanna; G. L. Shearer, York.

This committee were authorized to fix the place for the next meeting of the Association.

A list of the officers and members of the Carbon county Society was read, and referred to the Committee on Publication.

The report of the York County Society was read, and referred to the Committee on Publication.

It being the hour previously agreed upon. Dr. Parrish, of the School for Feeble Minded Children, was announced in attendance with several of his pupils. He exhibited the various methods of treatment employed in that institution, and mentioned many facts which show the great importance and good results of exercise and proper management, judiciously carried out.

DR. H. CARPENTER moved a vote of thanks to Dr. Parrish, but upon the suggestion of DR. CONDIE, that, so convincing an illustration of the important benefits which have resulted from the labors of Dr. Parrish, required a more elaborate expression in its favor, it was withdrawn by the mover, with the understanding that he should present another motion in the course of the session.

The report of the Philadelphia County Medical Society was presented, and referred to the Committee on Publication.

The report of the Treasurer, Dr. R. P. Thomas was read, and referred to an auditing committee, consisting of Drs. Wallace, Shearer, and Sample.

In accordance with a clause of the constitution, requiring each County Society to report any action which might have a bearing upon the code of ethics, a report was read from the Philadelphia County Society as follows:

Certain resolutions had been presented in that body, which had been referred to the Board of Censors, who reported as follows:

"In reply to the propositions embraced in the resolutions submitted for their opinion, the Censors would respectfully report, that they would recommend the members of the regular profession to withhold from the faculties and graduates of female colleges, all countenance and support, and that they cannot, consistently with sound medical ethics, consult or hold professional intercourse with their professors or alumni.

D. F. CONDIE,
Secretary of Board of Censors."

R. J. LEVIS,
Rec. Sec. Philada. Co Med. Society.

On motion of DR. CONDIE, this report was referred to a committee of five, with instructions to report before the final adjournment of the Society.

The President appointed the following as that committee: Drs. D. F. Condie, Luther, Singer, Worthington, and Cassidy.

The nominating committee announced their report as ready, which was, on motion of DR. ATLEE, laid on the table for the present.

DR. A. L. KENNEDY then presented, on behalf of Dr. H. Hartshorne, (now in Europe.) a copy of his medical record, etc., for inspection by the members.

The Society then adjourned till half past nine o'clock on Thursday morning.

THURSDAY MORNING, JUNE 9TH.

The Society met pursuant to adjournment, the President, DR. CUNNINGHAM, in the chair. The roll was called by the Secretary.

DR. B. H. COATES, of Philadelphia, offered the following:

Resolved, That the Society has learned with deep regret the death of its respected and valued member DR. BENJ. S. JANNEY.

Resolved, That those delegates to the present session, who shall be in the city at the time, will, in testimony of respect and regard, attend the funeral.

Resolved, That a committee be appointed to communicate to the family of the deceased, the feelings of this Society.

Resolved, That these proceedings be published in the daily papers.

On motion, these resolutions were adopted, and Dr. Coates appointed as the committee.

After some remarks concerning the death of Baron Humboldt, alluding to his valuable services to science, his great fondness for Americans, and his close connection with medical science, Dr. Coates also offered the following resolutions:

Resolved, That this Society feels with deep regret the loss sustained by science and humanity, in the death of BARON ALEXANDER VON HUMBOLDT, the teacher and patron of science, and the friend of America, and the people which inhabit it.

Resolved, That the Secretaries be instructed to include these resolutions in that part of the proceedings of this Society which shall be ordered for publication.

DR. CONDIE, from the Committee on the distribution of Vaccine Virus, reported progress. He said that during the year a large quantity of pure virus had been distributed, and that he still had on hand a small quantity, which would be given to those members who made application to him. He deprecated the practice of sending it by mail, as even the short distance of sixty miles would cause a deterioration, perhaps complete destruction of its powers, in consequence of the heat generated in the mail bags.

On motion of DR. ATLEE, the committee was continued, and Dr. Condie was requested to furnish his report for publication.

DR. MAYBERRY presented the report of the Committee on Unfinished Business, they having found the following items:

1. Memorial from the Philadelphia Medical Society, with accompanying resolutions, (vide Transactions, for 1858, page 15, et seq.)

2. Dr. H. Carpenter's proposed amendment to first section of Art. VI. of the Constitution, (Ibid., p. 15.)

3. Report of committee to procure a supply of

vaccine virus from the original source, Drs. Condie and Emerson, committee, (*Ibid.*, p. 19.)

4. Report of the officers of the society who were continued a committee to "increase and extend the organization of the profession throughout the State. (*Ibid.*, p. 19.)

5. Annual report from Committee on Meteorology, Dr. Kennedy, chairman. (*Ibid.*, p. 17.)

On motion of Dr. THOMAS, the report was laid on the table for the present, to enable the Society to proceed with the county society reports.

The Committee to Audit the Treasurer's Accounts reported that they had found them correct.

The reports of the Beaver and Bradford county societies were presented and referred to the Committee on Publication.

Dr. S. D. GROSS then announced that Dr. Thompson, formerly of Delaware, but now of Philadelphia, was present, and moved that he be admitted to a seat in the Society, which was unanimously agreed to.

The President received him with a few remarks, to which he responded, hoping that the profession would be united in the principles of liberality and kindness, and in waging war upon the charlatany which is so fearfully prevalent.

The report of the Mercer county Society was partially read by the Secretary, when Dr. REMINGTON moved that it be referred to the Committee on Publication.

After some discussion by Drs. CONDIE, JEWELL and others, Dr. CONDIE offered an amendment, which was accepted by the mover, to the effect that all the reports presented at this session be referred to the Committee on Publication, with instructions to examine the same and make any alterations that may be allowed by their authors previously to printing. This motion was adopted.

The reports of the Indiana, Susquehanna, Schuylkill, Perry, and Montgomery county societies, with sundry biographical notices which were on the table, were therefore referred in accordance with this motion.

Dr. WORTHINGTON, of the committee to whom were referred the resolutions emanating from the Philadelphia County Society, concerning female colleges, &c., reported endorsing their action, which report, on motion of Dr. COATES, was adopted as the sense of the Association.

Dr. CARPENTER, of Lancaster, presented the following preamble and resolutions:

Whereas Dr. Joseph Parrish, Superintendent of the Pennsylvania Training School for Feeble-minded Children, has favored this Society with a very interesting exhibition of his system of instruction and training, affording the most gratifying evidence to the benevolent mind and heart that for this deplorably helpless and forlorn portion of our fellow beings,

from whose souls the light of intelligence and reason has heretofore seemed hopelessly excluded, there still exists a prospect of restoration most pleasing and encouraging, therefore be it

Resolved, That this Society highly approve of the system of instruction and training so successfully pursued in this institution, and of the noble and praiseworthy efforts so patiently and perseveringly employed to restore again to intelligence and usefulness this most unfortunate class of our fellow creatures, and that we warmly commend it to the consideration of the philanthropic and benevolent.

Resolved, That the thanks of this Society be tendered to Dr. Parrish and his assistants, for their very interesting and gratifying exhibition of the progress of his pupils.

On motion, the preamble and resolutions were unanimously adopted.

On motion of Dr. CHEESEMAN, of Philadelphia, the Society proceeded to the consideration of unfinished business.

On motion of Dr. CURTIS, it was agreed to take up the items in their order as reported by the committee.

The memorial of the Philadelphia Medical Society, presented at the last annual session, (*vide Transactions*, 1858, folio 13 et seq.) being first in order, was read by the Secretary—

When Dr. H. CARPENTER moved that it be referred to a special committee for their consideration, to report at the next annual meeting.

The question was discussed by Drs. Condie, J. L. Atlee, Sr. of Lancaster, A. Nebinger, Worthington, of Chester, Jewell, and Bell, when

Dr. CARPENTER withdrew his original motion, and moved that the whole matter be indefinitely postponed, which was unanimously adopted.

On motion, the Society adjourned till 5 P. M.

AFTERNOON SESSION.

The Society met at 5 P. M., the President in the chair.

On motion of Dr. R. P. THOMAS, the reading of the minutes and calling of the roll were dispensed with.

Unfinished business was then resumed.

In the matter of increasing and extending the organization of the profession, Dr. CUNNINGHAM, as chairman of that committee, stated that he had made sundry individual efforts, but there had been no joint action by the committee.

On behalf of the Committee of Publication, in the absence of the chairman, Dr. Kennedy, Dr. THOMAS made a verbal report, and moved that the committee be instructed to furnish a report for publication, which was adopted.

Dr. MAYBERRY then offered the following:

Resolved, That the Committee of Publication be instructed to insert over the title page of the forthcoming volume of the *Transactions*, before "an-

nual," the word "eleventh," so that it shall read, "Transactions of the Medical Society of the State of Pennsylvania at its eleventh annual session," &c., which was adopted.

On motion of Dr. J. L. ATLEE, the Society proceeded to the consideration of the report of the Nominating Committee, which was read by their chairman, Dr. Nebinger, as follows:

President.—Dr. D. F. Condie, of Philadelphia.

Vice Presidents.—Drs. C. T. Bliss, of Bradford; B. F. Schneck, of Lebanon; John Schrack, of Montgomery; and Edward Wallace, of Berks.

Corresponding Secretary.—Dr. Joseph Carson, of Philadelphia

Recording Secretaries.—Drs. John K. Raub, of Lancaster, and John T. Carpenter, of Schuylkill.

Treasurer.—Dr. R. P. Thomas, of Philadelphia.

Censors, 1st and 2d Districts.—Drs. James S. Carpenter, Schuylkill; H. Corson, Montgomery; W. Maybury, Philadelphia; E. H. Mason, Bradford; J. P. Edge, Chester; W. H. McGill, Montour; A. S. Bare, Lancaster; and C. H. Wormer, Berks.

Censors, 3d and 4th Districts.—Drs. W. R. Finley, Blair county; J. B. Luden, Huntingdon; C. J. Hirst, Blair; T. Woods, Lycoming; Joseph Henderson, Mifflin; James Galbraith, Perry; and J. H. Case, Perry.

Censors, 5th and 6th Districts.—Drs. J. Wishart, Washington county; G. W. Allison, Beaver; D. Leasure, Lawrence; J. P. Gazzam, Allegheny; J. Lowman, Cambria; E. Griswold, Mercer; and Thomas St. Clair, Indiana.

Delegates to American Medical Association.—Drs. S. Cunningham, Beaver; W. Worthington, Chester; J. E. Singer, Perry; J. S. Carpenter, Schuylkill; W. Corson, Montgomery; J. D. Strowbridge, Montour; Henry Carpenter, Lancaster; W. Jewell, Philadelphia; R. P. Thomas, Philadelphia; E. P. Allen, Bradford; and John Bell, Philadelphia.

Committee of Publication.—Drs. Levi Curtis, A. L. Kennedy, and W. B. Atkinson.

Dr. J. L. ATLEE, Sr., moved that the report be accepted, and the nominees be declared the officers of the society.

The retiring President, Dr. S. CUNNINGHAM, made some appropriate remarks.

On motion of Dr. JEWELL, a committee was appointed to conduct the newly elected officers to their chairs.

Drs. Jewell and Worthington were appointed the committee.

The officers being installed, the President, Dr. D. F. CONDIE, made a few remarks, returning thanks for the honor, etc.

Dr. CARPENTER, of Lancaster, offered the following, which was adopted:

Resolved, That the thanks of this society be tendered to the various railroad companies, for facilities afforded delegates in attending this convention, as also to the different scientific and charitable institutions, for courtesies extended.

On motion of Dr. SCHRACK, the thanks of the society were tendered to the retiring President, for

the able and impartial manner in which he had discharged his duties.

On motion of Dr. J. A. EHLE, of Lancaster, the following resolution was adopted:

Resolved, That our thanks be tendered to the retiring officers, for the able and gentlemanly manner in which they severally have discharged their duties, and also that a vote of thanks be presented to the Board of Trustees of the University of Pennsylvania, for the use of the room in which the meeting has been held.

On motion of Dr. W. H. BOONE, of Lancaster, the following resolution was adopted:

Resolved, That the thanks of this society be and they are hereby most cordially tendered to the Committee of Arrangements, and the citizens of Philadelphia, for their many polite attentions to the delegates to the State Medical Society.

Some discussion was had concerning the time for the next meeting, lest it might conflict with that of the American Medical Association, but no action was taken.

On motion of Dr. MAYBURY, the amendment to the constitution proposed by Dr. H. Carpenter, was then taken up.

After some discussion, on motion of Dr. C. H. HILL, the whole matter was indefinitely postponed.

Dr. KENNEDY, from the Committee on Meteorology, reported progress, and asked to be continued, which was granted.

The Secretary then read the minutes of the day's proceedings.

There being no further business, on motion of Dr. J. L. ATLEE, Sr., the society adjourned, to meet again in Philadelphia at 11 A. M. on the second Wednesday in June, 1860.

JOHN P. EDGE,

JOHN K. RAUB,

Recording Secretaries.

The excursion on Friday, June 10th, to Atlantic City.

In cordial response to the invitation of the Philadelphia County Medical Society, the delegates and invited guests met at 7½ A. M. at Vine street wharf, to proceed, by way of the Camden and Atlantic railroad, to Atlantic City. After a pleasant ride of some three hours, they arrived at the seashore, which, by the polite courtesies of the Railroad Company, they were enabled to reach by the cars, thus avoiding a long and tedious walk over the sand. Here a division was made, some preferring a stroll along the beach, and a view of the surrounding objects of interest, while a large majority embarked on a schooner, to test their capabilities for enjoying the hospitalities of Father Neptune. The sky being partially overcast, thus shielding the adventurous voyagers from the ardent greeting of Sol, and a stiff breeze shortly springing up, the enthusiastic pas-

sengers were soon wafted a sufficient distance from the shore, to enable some of them thoroughly to experience the truth of the remark, that the sea is treacherous above all things.

Those who embarked, (with a few exceptions) considered this portion of the excursion as above all praise, it being to many a pleasure never before enjoyed, and one which was amply filled with pleasing incidents. After about three hours of tacking and filling, the party of sea-worn passengers arrived safely at the wharf, not a little to the delight of a portion of the company.

At 2 o'clock P. M. the party sat down to a sumptuous and elegant entertainment at the Surf House. Prof. S. D. Gross presided, supported on the right by Dr. Newell, Governor of New Jersey, Dr. D. F. Condie, Prof. S. H. Dickson, and Dr. W. S. W. Ruschenberger; and on the left by Mr. John Brodhead, President of the Camden & Atlantic Railroad, and the ex-Presidents of the society; while at the lower end was Dr. Jewell, the Chairman of the Committee of Arrangements, supported on either side by the committee.

The substantials having been attacked and demolished, various sentiments were read by the President, which were responded to by Drs. Newell, Governor of N. J., S. Cunningham, D. F. Condie, W. Corson, W. Worthington, A. Nebinger, Mr. John Brodhead, President of the Railroad, and others.

Dr. W. Worthington, on behalf of the county delegations, briefly expressed their indebtedness to their Philadelphia brethren, for the generous liberality by which the visit had been characterized.

At 4½ P. M. the impatient engine sounded the warning for departure, and the company were reluctantly compelled, after spending the day in a very delightful and profitable manner, to turn from the many attractions of the place, and arrived in Philadelphia about 8 P. M.

Editorial.

THE PENNSYLVANIA STATE MEDICAL SOCIETY.

We have, at last, the satisfaction of spreading before our readers the proceedings of the Medical Society of this State, at its late session in this city.

It will be observed that a large amount of business was transacted, and an unusual number of reports were received from county medical societies. Most of these were referred to the committee of publication without being read, a plan of disposing of them and of other papers, which, though very common in all our medical societies, is neither very complimentary to their authors, or profitable to the societies. Time enough ought to be allowed at medical society meetings to have reports read and discussed, if they raise any question for discussion.

We have already commented on the action of the Society in relation to the faculties and graduates of female medical colleges, believing that the desired end would have been sooner attained by giving less prominence to the subject.

We hope that the committee on increasing and extending the organization of the profession of the State will exert themselves, so that at the next meeting there will be a larger number of counties represented. The profession of this State is very far from being thoroughly organized.

The several re-unions in this city, and the trip to Atlantic City, gave the members excellent opportunities for extending their acquaintance with each other, and with the members of the profession of this city.

The next meeting of the society will also be held in this city, on which occasion we hope to see a still larger assemblage of the profession of the State.

In consequence of the length of the Minutes of the Pennsylvania State Medical Society, we have been compelled to defer several editorial articles and communications that were intended for this number.

Treatment of Ascarides.—Dr. Nathaniel Smith, of Bradford Co., in this State, recommends in the *Boston Med. and Surg. Journal* assafoetida and aloes in the form of tincture for the treatment of ascarides or pin worms. He sometimes gives a smart purgative as calomel and rhubarb to clear the bowels of mucus and other matters. In an extensive practice of more than forty years, Dr. Smith has never known this remedy to fail with persons of all ages from infancy to old age. He adopted the practice on the recommendation of Dr. Mussey in his lectures at Dartmouth College, N. H., some forty-four years ago.

Periscope.

FOREIGN.

[From the German, by L. ELSBERG, M. D., of N. Y.]

Acute Parotitis—In the "*Annalen des Charité Krankenhauses zu Berlin*," there is an exhaustive anatomico-pathological dissertation on acute parotitis from the pen of the illustrious *Virchow*. Our abstract is necessarily but an incomplete fragment. The author first refutes the generally received notion that in acute, especially in purulent parotitis, the disease resides in the alveolar tissue covering the glands, not in the gland itself. True, almost all acute inflammations of the parotid begin with so extensive and uniform swelling in the region about the angle of the jaw, that the presumption is natural enough; but must the swelling, therefore, be the material element in parotitis? Does not chemosis accompany blennorrhœa oculi, œdema glottidis, and perichondritis laryngea? Have we not been long acquainted with tumor albus in caries articuli? What, indeed, should cause the inflammation of the connective tissue but the affection of the gland itself? It is, indeed, proved by anatomical examinations, that generally parotitis proper is early accompanied by a *peradenitis*, that the painful external swelling is, in a great measure, due to this, and that this finally may lead to diffuse phlegmonous suppuration. But thorough examination also proves that this *peradenitis* is only an accompaniment of the affection of the gland proper, and that the latter is always a catarrhal affection—i. e. an inflammation primarily affecting the ducts, and afterwards progressing to the alveolar tissue. It has great similarity with many forms of catarrhal pneumonia, catarrhal prostatitis, etc.

The graver, ulcerating forms of parotitis probably bear the same relation to the simpler, (mumps, parotitis, polymorpha,) especially the epidemic, as bronchopneumonia bears to capillary bronchitis. Cruveilhier found parotitis always preceded by an erythematous inflammation of the oral mucous membrane. The parotid gland is to the oral mucous membrane what the prostate or the testicles are to the urogenital mucous membrane. Erythema and catarrh progress from the mucous membrane of the cheek to the excretory ducts of the parotid, just as catarrh of the nasal mucous membrane progresses to the eustachian tube and middle ear. This explains, too, why we have so often catarrhal hard-hearing developed in the same diseases, as scarlet, typhus, etc.,

that evince an especial disposition towards parotid swellings. In the graver cases, caries and necrosis of the middle ear may occur, while the simple, chronic or acute pharyngeal catarrh may be accompanied by parotitis and temporarily difficult, though not permanently impaired audition.

The different varieties of the affection, which may well be designated by the general name, *parotideal catarrh*, are arranged in three groups.

1. The primary, mostly epidemic, simple catarrh, (mumps,) without disposition to suppuration.

2. The secondary, purulent catarrh, (blennorrhœa parotidea,) very easily suppurating, generally combined with preceding catarrh of the oral mucous membrane, and not seldom with affection of the middle ear.

3. The specific ichorrhœmic catarrh, leading almost always to the production of a peculiar acid pus, very generally in company with ichorrhœmic or embolic metastasis.

The 2d and 3d groups are often united under the name of metastatic parotitis; the secondary purulent catarrh is, however, from its occurrence, nature, etc., much more closely related to the primary simple, than to the specific catarrh, though practically it is often difficult to distinguish it from the latter.

The danger of purulent parotitis is very manifold. When it complicates the later stages of other diseases, it frequently suffices to lead—the patient, already exhausted, the fever renewed or increased—to a fatal issue. If the swelling in the region of the gland be very considerable, parotitis may, by hindering the free circulation of the blood in the numerous veins passing by the gland, produce disturbance of the venous current, œdema of the temporal and ocular regions, oppression, headache, etc. These phenomena will be the more violent if the hindrance to the free circulation be great enough to produce coagulation of the blood in the veins. A thrombosis thus produced becomes doubly dangerous because it may be extended beyond the region of the gland, or breaking down and ichorizing, become the point of departure for emboly and infection of the blood, as also for consequent metastasis to the lungs and other organs. This array of possibilities becomes the more formidable the more the original glandular affection is attended by purulent or ichorous inflammation of the surrounding tissue, which, indeed, very often is present in the graver cases.

More about Iridectomy in Glaucoma.—From what has been published in the REPORTER on this subject, it will have been seen that the very favorable report of Graefe is greatly modified by Jäger's experience; and as Geissler, on reviewing the same in *Schmidt's Jahrb.* 1859, 1, observes, the old view of a constitutional inflammation seems steadily to regain ground as the results of local therapeutics again become more and more uncertain, so that the old struggle in medicine, which has been silenced so long by the attention bestowed on anatomic changes, may soon be rekindled.

To present to the reader all that has been reported on the special subject in question, we must yet mention the case recorded by Küchler, of Darmstadt, in the *Deutsche Klinik*, in which Iridectomy, performed on the 18th day after the first appearance of symptoms, (the patient having completely lost her other eye three years ago, and been perfectly blind for two days,) was so successful that the patient, eight days later, could read moderate print with spectacles, could distinguish colors, and possessed unimpaired power of accommodation.

Influence of Hunger on Poisoning.—By the following extract from article xv. of *Virchow's Archiv. Bd. xiv.*, (Hefte 5 and 6,) it is intended to make known some of the results obtained by Dr. Th. Köhler, of Marburg, who, among other interesting experiments, endeavored to determine the influence of hunger upon the activity of poisons—i. e. the difference in the rapidity of their resorption in fed and unfed animals. It appears that hunger retards resorption, and delays the occurrence of poisoning and death, so that the generally prevailing idea that an emaciated, weakened individual must sooner succumb to a dose of poison than a well-fed and strong individual, is evidently incorrect. Köhler explains that the rapidity of resorption bears the necessary relation of effect to cause to the number of respirations and the corresponding frequency of pulse. Abstinence of nutriment diminishes the absorption of oxygen pretty steadily till death, corresponding to which the quantity of excreted carbonic acid becomes less. During hunger, the blood, therefore, cannot circulate with the usual velocity, and poisonous substances that must, directly or indirectly, be incorporated with the current, are carried along less rapidly and consequently reach the central parts of the nervous system later than when the usual food

has been taken. Their action must necessarily also, therefore, occur later. The earlier occurrence of death in well fed animals is also thus explained. Circulation on which all processes depend being influenced by respiration, and the state of the nervous system, becomes more rapid when the muscles are violently contracted, and nourished animals distinguish themselves generally from the unfed by their much more forcible and violent muscular action, thus hasten their own destruction.

From the German, by CH. F. J. LEHLBACH, M. D.,
Newark, N. J.

Blood Crystals in Detecting Blood for Medico-Legal Purposes.—In reference to this subject, Prof. Bryk, of Krakau, publishes a paper in the *Wiener Medic. Wochens.*, of which we give the substance:

On boiling dried blood with organic acids, especially with concentrated acetic acid, crystals of hæmatine are easily obtained, even if the quantity of the blood be very minute. This crystallization permits us to recognize blood-spots, even when the character of the globules cannot be distinguished under the microscope. It is sufficient to put a small portion of the matter which constitutes the suspected spot on a glass plate, reduce it to a fine powder and to cover it with a thin glass plate, after having added a few drops of crystallizable acetic acid, and to heat it gently over the sand bath. After the preparation has been washed it is put under the microscope. There are then seen prismatic or rhomboidal crystals, the great angles of which are generally surrounded by a brown-reddish, or brown-yellow color. These crystals are less abundant, when the blood has undergone putrefaction or been mixed with pus. They are, however, very readily obtained if the blood which is mixed with pus, is first treated with ether.

When these crystals are treated with a concentrated solution of caustic potash, they are observed to change from green to a purple red; with concentrated sulphuric acid, they take on a yellowish green color, then a brownish red, a dirty violet, a brick-red, and finally a rose-color. These characteristics suffice to distinguish such suspected spots from all others. The crystals produced by bile, react in the same manner with sulphuric acid, but are not modified by potash.

These changes of coloration are obtained with great facility by the same re-agents from colorless blood-spots, even after they have

been washed, provided they contain some atoms of hæmatin. No crystals are however obtained, if the blood spots have been on wood. While these characteristic appearances of hæmatin crystals are thus sure evidence of the presence of blood, this test furnishes no clue as to the species of animal whence the blood came.

Inosit in the Muscles of Drunkards.—In a lecture delivered before the "Schlesisch. Gesellschaft," Dr. Valentiner delivered a lecture on the occurrence of inosit in the muscles of drunkards, the concluding points of which we take from the *Medicin. Neuigk.*

1. On a comparative pathologico-chemical examination of the muscular tissue, regarding its crystalline organic constituents in eight cadavers of drunkards, inosit was found in large quantity in the voluntary muscles.
2. In the heart no inosit could be found in any of these eight cases.
3. Neither could inosit be detected in the urine, brain, or in glandular organs, in a quantity corresponding to that found in the muscles.
4. The occurrence of inosit in the muscles of voluntary motion (pectoral muscles being examined) was quantitatively nearly the same in all cases, and appeared independent of degenerations of the muscular tissue observed in some of the cases.
5. In all cases examined, the patients had suffered a shorter or longer time before death from delirium tremens.
6. Age, proximate cause of death, accompanying degeneration of the liver, lungs, kidneys, etc., present in some cases seemed to be without any special influence upon the quantity of the inosit found.
7. This abundant occurrence of inosit, in a constitution subject to chronic alcohol-intoxication seems to be characteristic of the drunkard's cachexia, for in 21 cadavers of persons, who were positively known to be no drunkards, not even traces of this substance could be found.

Division of the Supra-Orbital Nerve for Palpebral Spasm.—Prof. v. Graefe, (*Archiv. f. Ophthalmologie*) has resorted to division of the supra-orbital nerve with perfect success in a patient suffering from violent palpebral spasm, the result of the introduction of a foreign body into the conjunctival sac, and which had been followed by general nervous irritation. He divides the cases in which he has resorted to this operation, into five classes:

1. In patients where after the introduction of

a foreign body into the conjunctival sac a long continued and excessive blepharospasm has occurred. 2. In cases, where after long continued neuralgia of the supra-orbital nerve, a periodically returning blepharospasm has been induced. 3. In cases in which after long continued keratitis spasm of the lids was developed, which did not subside with the sclerotic affection. 4. In cases where at the height of a sclerotic inflammation the palpebral spasm became so severe as to demand specific treatment. 5. In cases where the spasm was a concomitant to an inveterate neurosis of the facial nerve.

Medical News.

Gelatine for Invalids.—The *Lancet* says that in a recent trial, the mode in which gelatine is made, was explained. The best is made of what is called "picker waste," a picker being a thing used in driving the shuttles of power looms, made of buffalo skin, and the pieces cut off in making it are afterwards turned into the gelatine, which finds its way into soups. Sick patients, however, have not always the good fortune to get gelatine made from waste pieces of buffalo hides; for an imitation of this article is constructed out of sheep's trotters, old parchment and waste pieces of glue!

The French Government, we learn from the *Lancet*, has undertaken the expense of the support and education of the son of Dr. Sturme, who recently fell a victim to throat disease, near St. Omer, in France, from sucking out the secretions which were choking a child after tracheotomy.

The ladies in waiting upon her Majesty the Empress of the French, are now, at her suggestion, engaged in preparing bandages and charpie for the hospitals in Italy. The inhabitants of Paris have also been appealed to, and are likely to share in the good work.

An action against a Dentist was maintained in the Bail Court in London, last month. The case was briefly as follows: The plaintiff, a dock laborer, called at the office of defendant, who undertook to extract a tooth from the upper jaw on the right side. Defendant pulled at the tooth six or seven times but it did not come.

The jaw was finally broken, and the plaintiff left the office faint from loss of blood, and unable to close his mouth. He then went to another dentist, who removed two teeth, one sound and the other not, and part of the jaw. Plaintiff was for a month unable to work, and had to live on soft food. The jury returned a verdict of fifty dollars for plaintiff.

The *Lancet* says it does not appear that either of the operators was a member of any college of surgeons.

The subscriptions for a statue to John Hunter already exceed £1000.

Medical aid is wanted for the French army in Italy. The *Lancet* says that notices have been circulated to young medical practitioners and students, that auxiliary assistant surgeons are wanted. Students of one year will be admitted, after a very light examination on anatomy and physiology, and the minor operations of surgery. Their pay is to be almost the same as that of the men actually in the army. Fitness for military service is indispensable, and the young men must enter into an engagement to serve through the whole of the campaign.

The condition of the river Thames is causing no little solicitude to the inhabitants of London. The *Lancet* speaks of it as no better than a great uncovered sewer! It says further, that "unless the Thames be really purified, it may be no myth to say that within the life of the next generation a New Zealander (as Macaulay has it) may stand on the remains of London bridge, and surveying the desolation around him, exclaim, 'Here was once the metropolis of the British empire!'"

On the 7th of June, Dr. Letheby, the Health officer of the city made a report to the civic authorities, in which he stated:—

"The water is now in a high state of putrefaction—in fact, the Thames has been in a very offensive condition for rather more than a fortnight, and has been evolving the same kind of gases and vapors as were let loose from it during the hot summer of last year. The foul state of the river was not observed until about the middle of June, when the temperature was high, as from 70 to 80 degrees, which is nearly 15 degrees above the average of the season, and when there had been a long continuance of dry weather. But this year it is seen a month earlier, without any remarkable elevation of temperature, for the heat of the

preceding three weeks was below the average (53 degrees), and there was a total fall of nearly two inches of rain. I fear, therefore, that it is a sign of what may be expected during the hot months of July and August; and it clearly indicates the necessity for sanitary precautions.

"The river at London bridge is now overcharged with sewage and sea-water. In ordinary times the proportion of soluble matter in the water of that locality at mid-stream is about 50 grains per gallon; of which nearly 30 are common salt, and from three to four organic impurity; but at present it contains about 97 grains of solid matter per gallon, of which 61 are common salt, and rather more than seven are organic impurities. These are in a high state of decomposition, and are giving off ammonia, with that peculiarly offensive vapor which I have already described.

"As it was last year, so also it is now; the water in the middle of the river abounds with the highest forms of infusorial life; but that which is near to the shore is poisonous to almost every living thing but vibriones, and the simplest of vegetable fungi."

Severe Justice.—Mrs. Hobson, a midwife has been committed to jail for manslaughter, by a Leeds coroner's inquest, because she mismanaged a midwifery case, in which the placenta was retained, the subject of the misfortune dying of hæmorrhage under her hands (*Med. Times and Gaz.*). The midwife evidently did her best to get the placenta away; and under the circumstances of the case it does appear to us an extreme case of cruelty. This is rare justice, indeed, to allow the most villainous quacks to poison right and left with impunity; and to punish a poor and probably honest old wife, because she cannot act like a first rate accoucheur!

MARRIAGES.

KIRKBRIDE—HIGBEE.—At Absecom, N. J., May 27th, 1859, by Rev. Mr. Stockton, Stacy B. Kirkbride, M. D., to Miss Emma C. Higbee, all of Port Republic, Atlantic County, N. J.

DEATH.

BELL.—At Tunbridge Wells, England, June 12th, Jacob Bell, Esq., aged forty-five years, the projector, and for many years the editor, of the *Pharmaceutical Journal*. During his life he did more than any other man to elevate the position of the chemists and druggists of England. Mr. Bell was the means of originating the Pharmaceutical Society.

ADVERTISEMENTS.

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MANUFACTURER OF
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Medical Saddle Bags, Medical Pocket Cases, Portable
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No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
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Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
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Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
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No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

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Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

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REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D., " "